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ABSTRACT

A developmental interactionist model for promoting social competence is proposed. It is argued that personal and social resources present in infancy are expanded, refined, and hierarchically reorganized continuously throughout the life-span as a function of development and experience. Social competence is seen as the result of integrating and organizing four component parts: social effectance, personal control, social perspective taking, and social-cognitive problem-solving. The securely attached young child and the socially effectant adult are autonomous and adaptive individuals, able to use age-appropriate social support for developing, maintaining, and refining social competence. Individuals with a sense of personal control and self-efficacy are better able to tolerate stress and frustrations. Turn-taking and patterning, as exhibited in the reciprocal and synchronic interactions between an infant and caregiver, are the beginning of perspective taking and empathy, crucial elements of effective communication and competence in social situations. Perspective taking, through organized use of affective and cognitive resources, is highly adaptive. Secure attachment relationships promote exploration in novel situations, exploration promotes later problem-solving skills, and problem-solving is inherent to effective adaptation to the stresses and demands of life. These underlying factors (social effectance, personal control, perspective taking, and problem-solving) operate interactively and are mutually supportive. (RH)

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Social Competence from the Attachment

Perspective: A Model

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In recent years there has been an accelerating interest in the facilitation of the development of competence; as evidenced in developmental, mental health socialization literature. Various factors have contributed to this focus. One of the primary sources of influence lies in the theories and empirical findings of child development and developmental psychologists, (Piaget, 1952, Piaget & Inhelder, 1969; Sroufe, 1979, 1982; Sroufe & Waters, 1977; Waters & Sroufe, 1983; White, 1951). Development itself deals with changes in an individual's hierarchical organization and integration of capacities in achieving adaptive goals. In this process, early prototypes of behavior are modified and integrated into later more complex systems.

Another, closely related source of influence is from mental health theorists and practitioners. There has been a major revolutionary shift from an intervention to a promotion perspective in mental health delivery (Albee, 1980). The promotion perspective emphasizes the development of positive adaptive responses as effective means of coping (Wrubel, Benner, & Lazarus, 1981). Furthermore, developmental psychopathology is seeking to understand the development of maladaptation, and is relying on child development literature in understanding successful adaptation through the integration and organization of competencies (Garmezy, 1974; Sroufe & Rutter, 1984).

In addition, interest in socialization has also influenced the increasing focus on the promotion of competence. Socialization is the

process by which ". . . children acquire the motive, values, knowledge, and behavior patterns that are needed to function adequately in the society in which they will live as adults" (Maccoby, 1984, pp. 317-318). Competence, its development and maintenance, is implied here in the sense of being able to function adequately.

As indicated previously, competence is inherently a construct that integrates the social, cognitive, emotional and motivational systems. For the purpose of this paper, competence will be discussed in terms of social competence from a life-span developmental perspective. It is proposed that development is a continuous process of organizing one's resources in adapting to the changing biosocial demands of life. It is assumed that people, beginning at birth, are self-regulating, active participants in and contributors to their own growth and development. Through adaptation and equilibration one successfully negotiates the normal developmental transitions, as well as the stresses of various life-events.

Social competence is a complex concept that is more than an account of an individual's traits, skills, resources, and behavioral repertoire. It is, as Waters and Sroufe (1983) have proposed, one's ability to coordinate all these factors in achieving adaptive goals, which in the long run may foster developmental progression.

The present authors propose a model for the promotion of social competence from an organized developmental perspective that is

inherently interactional (see Figure 1). Attachment as an organizational construct (Sroufe & Waters, 1977; Waters & Sroufe, 1983) is adapted and expanded here as the basic framework for the promotion of social competence throughout the life-span.

Social competence, from the attachment perspective, is defined in terms of one's ability to organize one's personal and social resources in adapting to change. The underlying assumption is that the quantity and quality of resources are dependent in part, upon one's developmental level. It is proposed that personal and social resources, present in infancy; are continuously expanded, refined, and hierarchically reorganized as a function of development and experience. Thus, at different stages of development, the quality of resources, competencies, and organizational patterns one possesses should be developmentally appropriate. Also underlying the definition is the interactive nature of social competence. That is, an individual is neither a passive recipient nor a passive reactor to stimuli; but both an active actor and reactor to developmental and environmental stimuli.

Short-term longitudinal studies of infants and preschoolers indicate that the quality of attachment is predictive of one's social competence and effectiveness in a peer group (Arend, Matas, & Sroufe, 1978; Sroufe & Waters, 1977, 1983). The present authors assumed that the criteria inherent to attachment relationships remain the same throughout life, but are manifested in qualitatively different

Behaviors and traits at various stages of the life cycle. These changes in quality are influenced by the salient issues of developmental transitions, maturation, and changing interpersonal relationships. Thus, these changing qualities are parallel to the developmental changes in social relationships as follows: (1) formation of effective attachment relationship in infancy; (2) individuation and autonomy in toddlerhood; (3) establishment of peer relationships in preschool years; (4) same-sex chumship in middle childhood; and (5) special friendships (social networks) and heterosexual relationships in adolescence and adulthood.

In short, this model (see Figure 1) of social competence suggests that secure/effective attachment relationships in infancy are similar but qualitatively different to social effectiveness in adulthood. Optimal competence is the mastery of the environment through adaptation. The proposed construct of social competence is based on the integration and organization of four component parts: social effectance, personal control, social perspective taking, and social-cognitive problem-solving. In the following discussion of these components, attempts will be made to describe the qualitative behavioral differences between initial and later manifestations of each component. The reader should keep in mind that although each component is presented separately, for clarity, they are mutually influential and integrative.

Secure/Effective Attachment--Socially Effectant

Secure/effective attachment relationships provide a secure base and social support for the initial development of social competence. The securely attached infant is able to utilize the attachment figure as a base from which one can explore and master the environment; that is, to adapt to the environmental challenges. This foundation, when maintained, promotes individuation in toddlerhood; social initiative in preschool; industry in school age; identity formation in adolescence; intimate relationships in young adulthood; generativity in adulthood; and integrity in senescence (Erikson, 1956). In short, the socially competent individual at each level of development, can better adapt to the demands of developmental transitions by using one's social support system to coordinate one's resources.

The securely attached infants and young children are more adaptive, because their behaviors are more organized and goal-directed. In strange situations, when encountering new experiences, and in times of stress they are less easily frustrated, less oppositional, more positive affectively, and more persistent in pursuit of goals than the anxiously attached (Matas, et al., 1978; Waters, Wippman & Sroufe, 1979). These behaviors are the rudiments of social competence. Furthermore, the socially interactive relationships between the infant and the attachment figures provide the opportunities for experiencing and acquiring the structural rules necessary for communication and social interaction. Hence, effective

attachment relationships, if maintained and modified age-appropriately, provide the context for the continuous development of social competence.

In summary, attachment provides the structure for the organization of behaviors that promotes: separation-individuation; flexibility in behaving; exploration of new ideas and new situations; trying out different problem solving strategies; utilizing and coordinating inner and interpersonal resources in coping with the transitions of day-to-day living. The securely/effectively attached is therefore, adaptable.

Studies of attachment in adulthood document similar qualities as those identified in infancy, while the context and form of relationships may vary as a function of maturation. For example, the secure base and support from attachment figures are less dependent upon physical proximity but upon an awareness of their psychological presence or availability, i.e. "being there" in times of need. The authors will call the adult with effective attachment relationships a socially effectant individual. The socially effectant person has a social support system, composed of multiple attachment figures, that provides psychological nurturance and support for one to deal with the demands of daily living, as well as coping with the normative life-transitions and crises. The socially effectant individual is flexible, motivated, purposeful, and goal-directed. This individual is able to organize personal, cognitive, emotional and behavioral resources in adaptation.

Frustration Tolerance--Personal Control

The securely attached infant and the individuated young child have better tolerance for physical and emotional frustrations. For example, the securely attached one-year-old is able to separate from the attached person (e.g. parent) in strange situations with minimum amount of distress and can return to exploration or play with less disruption than anxiously attached infants. Thus, high frustration tolerance promotes effective problem-solving.

Similarly, in adulthood, those with a sense of personal control and self-efficacy are better able to tolerate stress and frustrations. A social network promotes self-efficacy through the provision of emotional support. With personal control of impulses and management of resources, one can devote greater concentration for and attention towards problem solving and coping. Personal control also promotes delayed action and satisfaction from delayed gratification. In so doing, one has more time to seek, to generate, and to evaluate strategies for better problem-solving.

Reciprocity (Turn-Taking) - Perspective Taking (Role-Taking)

Reciprocity is inherent to effective social transactions throughout the life-span. One of the underlying contributions of secure attachment is competence in social exchanges and social interactions coordinated by cognitive abilities. Sherrod and Lamb (1981), among others, have pointed out that turn-taking and patterning, as exhibited in the reciprocal and synchronic interactions

between an infant and caregiver, promote the development of the structural rules of communication. In this process of give-and-take one becomes sensitive to individual cues and variations in social interactions. This sensitivity promotes the development of a repertoire of appropriate social responses that can be used selectively in response to diverse social gestures. This type of interaction is the beginning of perspective taking and empathy, crucial to effective communication and competence in social situations. Socially, sensitivity promotes autonomy and group inclusion which may in turn enhance problem-solving effectiveness through emotional support and cognitive contributions of significant others.

In childhood and adulthood, perspective taking is a fundamental cognitive component of social competence. Perspective taking promotes social interaction through understanding of and sensitivity to other people's feelings, intentions (motives), and abilities. Furthermore, perspective taking promotes inferential thinking and referential communication, useful in the generation of ideas, solutions, and anticipation of consequences in the process of problem solving and decision making. Thus, perspective taking through organized use of one's affective and cognitive resources is highly adaptive.

Exploration -- Problem-Solving

Exploration and problem-solving are important cognitive components of social-cognitive competence. Cognitive factors play an

important role in problem-solving and adaptation because they affect one's choice of coping mode; one's affective, physiological and behavioral reactions; as well as mediating and coordinating one's resources. Cognition espouses problem evaluation, information seeking, strategy planning, and outcome evaluation.

Exploration in infancy is a form of sensorimotor problem solving. During the sensorimotor stage of development, exploration is a process of assimilation and accommodation which constitutes an act of adaptive intelligence (Piaget & Inhelder, 1969; Flavell, 1985). Since problem-solving is inherently adaptive, exploration can thus be perceived as a form of problem solving. During the latter stages (5 & 6) of sensorimotor intelligence the infant's exploratory behavior is active, accommodative and purposeful. Trial-and-error exploration is basically experimental, directed towards discovery, and often leads to novel solutions and creations. The present authors suggest that these behaviors might be the early precursors to later more sophisticated forms of problem-solving.

It has been documented in studies of attachment, that secure attachment relationships promote exploration in novel situations. Exploration of social and physical objects promotes later problem-solving skills through trial-and-error, experimentation, and goal-directed purposeful acts. Exploration also contains an element of personal control, e.g. longer attention span and delayed action. Exploration is again adaptive.

Problem-solving is inherent to effective adaptation to the stresses and demands of life. Effective problem solving is dependent upon organized coordination of cognitive, affective, and behavioral resources. It is enhanced by personal control and perspective taking. Problem-solving requires looking for solutions, evaluating outcomes, and developing strategies because it is reality oriented, flexible, hypothetico-deductive, and interpropositional (based on logical relations between one proposition and another). One's ability to deal with problems is enhanced through personal control, perspective taking, and support from significant others.

Summary and Conclusion

It can be seen that attachment provides the basic elements needed for the development of social competence. Quality of attachment, in early as well as later years, is an index of one's social competence. The securely attached young child and the socially effectant adult are autonomous and adaptive individuals and are able to utilize age-appropriate social support for the development, maintenance, and refinement of social competence.

This proposed model of social competence should be perceived as an organizational construct. The proposed components of competence are by no means inclusive. However, they are the essential factors underlying the attachment context of this model. The authors believe that these factors are universally relevant while recognizing there may be other components not addressed here that may be culturally

specific. It is also the contention of the authors that social competencies cannot be narrowly promoted as specific skills. We have attempted to demonstrate that they interact and are supportive of each other in an organized manner. Thus, focus should be placed on promotion through the provision of a variety of different experiences which enables an individual to acquire competence through active social participation and adaptation.

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Figure 1

Attachment and the Development of Social Competence: A Model

